

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WOMEN SPEAK OUT PAC

ADDRESS (number and street)

2800 Shirlington Rd

Suite 1200

Check if different  
than previously  
reported. (ACC)

Arlington

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00530766

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☒ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

10

18

2018

through

M M M / D D D / Y Y Y Y Y Y

11

26

2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Buchanan, Emily, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

12

06

2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		18		2018

To:

M M	/	D D	/	Y Y Y Y Y
11		26		2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2018</div>		<div>57634.34</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>672737.64</div>	
(c) Total Receipts (from Line 19) .....	<div>279929.94</div>	<div>1365211.94</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>952667.58</div>	<div>1422846.28</div>
7. Total Disbursements (from Line 31).....	<div>891160.18</div>	<div>1361338.88</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>61507.40</div>	<div>61507.40</div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>113371.54</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**WOMEN SPEAK OUT PAC**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		18		2018

To:

M M	/	D D	/	Y Y Y Y
11		26		2018

**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

223923.00

1306673.00

(ii) Unitemized .....

56006.94

58538.94

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

279929.94

1365211.94

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

279929.94

1365211.94

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

279929.94

1365211.94

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

279929.94

1365211.94

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	97560.61	104398.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	97560.61	104398.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	25000.00
24. Independent Expenditures (use Schedule E) .....	793599.57	1230740.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	1200.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	891160.18	1361338.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	891160.18	1361338.88

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	279929.94	1365211.94
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	279929.94	1365211.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	97560.61	104398.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	97560.61	104398.88

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Abele, Nile, , ,

Mailing Address 1023 W Knapp Avenue

City  
Stillwater

State  
OK

Zip Code  
74075-2710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2018

Transaction ID : SA11Al.11364

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Abele, Nile, , ,

Mailing Address 1023 W Knapp Avenue

City  
Stillwater

State  
OK

Zip Code  
74075-2710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2018

Transaction ID : SA11Al.13180

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Altensee, James, , ,

Mailing Address 4088 Sierra Park Terrace

City  
Beavercreek

State  
OH

Zip Code  
45440-3322

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USAF

Occupation (for Individual)  
Department Head

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2018

Transaction ID : SA11Al.12817

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

800.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bargmann, Annette, , ,**

Mailing Address 237 Chatham Lane

City  
Annapolis

State  
MD

Zip Code  
21403

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2018

Transaction ID : SA11AI.11445

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bettag, Jerome, , ,**

Mailing Address 4N557 Crane Lane

City  
St Charles

State  
IL

Zip Code  
60175-4762

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)  
Physician

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2018

Transaction ID : SA11AI.11030

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Black, Victoria, , ,**

Mailing Address 15068 Fm 766

City  
Gonzales

State  
TX

Zip Code  
78629-9113

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2018

Transaction ID : SA11AI.11611

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bridge, Jeffrey, , ,**

Mailing Address 24517 129th Place Southeast

City  
Kent

State  
WA

Zip Code  
98030-5077

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Rice University

Occupation (for Individual)

Engineer

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
11 / 01 / 2018

**Transaction ID : SA11AI.12670**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brown, Mary, , ,**

Mailing Address 112 Spring Street

City

Medford

State

MA

Zip Code

02155-4064

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 28 / 2018

**Transaction ID : SA11AI.11443**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Budde, James, , ,**

Mailing Address 11712 Glen Arbor Terrace

City

Kansas City

State

MO

Zip Code

64114-5559

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Pharmacist

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
11 / 01 / 2018

**Transaction ID : SA11AI.12653**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

800.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Burdick, Thomas, , ,**

Mailing Address 31579 Vintners Pointe Court

City  
Winchester

State  
CA

Zip Code  
92596-8318

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Diocese of San Bernardino

Occupation (for Individual)  
Catholic Priest

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2018

Transaction ID : SA11AI.12998

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Campbell, Marjorie, , ,**

Mailing Address 2443 Fillmore Street 368

City

San Francisco

State

CA

Zip Code

94115-1814

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NewFeminism.com

Occupation (for Individual)  
Freelance Writer

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2018

Transaction ID : SA11AI.12820

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Carrara, Danny, , ,**

Mailing Address 5 Leisure Lane

City

Lake George

State

NY

Zip Code

12845

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2018

Transaction ID : SA11AI.10702

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 10 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Casey, Michael, , ,**

Mailing Address 20 Descanso Drive Unit 1445

City  
San Jose

State  
CA

Zip Code  
95134-1847

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Intel

Occupation (for Individual)  
Engineer

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2018

Transaction ID : SA11AI.13235

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. cheatham, Enid, , ,**

Mailing Address Boxwood Drive

City

Palm Beach Gardens

State  
FL

Zip Code  
33418

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2018

Transaction ID : SA11AI.11239

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cioffi, Ralph, , ,**

Mailing Address 3595 Gin Lane

City

Naples

State  
FL

Zip Code  
34102-7814

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)  
Investor

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2018

Transaction ID : SA11AI.10600

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Conger, Bryant, , ,**

Mailing Address 18215 SE 23rd Street

City  
Vancouver

State  
WA

Zip Code  
98683-1848

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SBA List

Occupation (for Individual)  
Fundraiser

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2018

**Transaction ID : SA11AI.11019**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Coniglio, Annette, , ,**

Mailing Address 5093 Northeast 81st Boulevard

City  
Wildwood

State  
FL

Zip Code  
34785

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Legal assr

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2018

**Transaction ID : SA11AI.12810**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Connelly, Jack, , ,**

Mailing Address 3902 North Proctor Street

City  
Tacoma

State  
WA

Zip Code  
98407-5730

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)  
Attorney

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2018

**Transaction ID : SA11AI.13002**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Conway, David, , ,**

Mailing Address 4574 S. 1st St.

City  
Milwaukee

State  
WI

Zip Code  
53207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2018

**Transaction ID : SA11AI.10602**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Conway, David, , ,**

Mailing Address 4574 S. 1st St.

City  
Milwaukee

State  
WI

Zip Code  
53207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2018

**Transaction ID : SA11AI.12552**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Costello, Daniel, , ,**

Mailing Address 69 Waverly Ave.

City  
Clarendon Hills

State  
IL

Zip Code  
60514-1236

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Notre Dame

Occupation (for Individual)  
Professor

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2018

**Transaction ID : SA11AI.11036**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cremer, Sally, , ,**

Mailing Address 2654 Thrush Drive

City  
Jenison

State  
MI

Zip Code  
49428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2018

**Transaction ID : SA11Al.10610**

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Danaher, Paul, , ,**

Mailing Address PO Box 25502

City

Overland Park

State

KS

Zip Code

66225-5502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)  
Attorney

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2018

**Transaction ID : SA11Al.10599**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Danaher, Paul, , ,**

Mailing Address PO Box 25502

City

Overland Park

State

KS

Zip Code

66225-5502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)  
Attorney

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2018

**Transaction ID : SA11Al.12664**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Daniels, Lucinda, , ,**

Mailing Address 26255 Ivey Brooke Trail

City  
Cumming

State  
GA

Zip Code  
30041

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 18 / 2018

Transaction ID : SA11AI.13253

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dobrzanski, Frank, , ,**

Mailing Address 5304 Sapphire Springs Drive

City  
Knightdale

State  
NC

Zip Code  
27545

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2018

Transaction ID : SA11AI.12661

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dougherty, Sheila, , ,**

Mailing Address 1909 N. Quebec Street

City  
Arlington

State  
VA

Zip Code  
22207-3019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2018

Transaction ID : SA11AI.11021

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dougherty, Sheila, , ,**

Mailing Address 1909 N. Quebec Street

City  
Arlington

State  
VA

Zip Code  
22207-3019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 25 / 2018

**Transaction ID : SA11AI.13269**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Duncan, Jan, , ,**

Mailing Address 2980 Lazy Lane Boulevard

City  
Houston

State  
TX

Zip Code  
77019-1302

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2018

**Transaction ID : SA11AI.10446**

Amount of Each Receipt this Period

120000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Eldred, Kary, , ,**

Mailing Address 6800 West Lake Blvd

City  
Austin

State  
TX

Zip Code  
78745

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2018

**Transaction ID : SA11AI.11988**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

121020.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fennell, James, , , Jr.**

Mailing Address 6960 Killarney Drive

City  
Beaumont

State  
TX

Zip Code  
77706-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ExxonMobil - Retired

Occupation (for Individual)  
Retired

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2018

Transaction ID : SA11AI.11243

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fennell, James, , , Jr.**

Mailing Address 6960 Killarney Drive

City  
Beaumont

State  
TX

Zip Code  
77706-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ExxonMobil - Retired

Occupation (for Individual)  
Retired

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2018

Transaction ID : SA11AI.13225

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Frei, Brent, , ,**

Mailing Address 302 Parkridge Lane

City  
Bellevue

State  
WA

Zip Code  
98004-6716

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Smartsheet

Occupation (for Individual)  
Executive

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2018

Transaction ID : SA11AI.10445

Amount of Each Receipt this Period

25000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25600.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Graham, Donna, , ,**

Mailing Address 544 Cutlers Farm Road

City  
Monroe

State  
CT

Zip Code  
06468

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2018

Transaction ID : SA11AI.13231

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hanson, David, , ,**

Mailing Address 1501 South Louisiana Avenue

City  
Mason City

State  
IA

Zip Code  
50401-6988

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2018

Transaction ID : SA11AI.11704

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Henkel, Raymond, , ,**

Mailing Address 4092 South Wabash Street

City  
Denver

State  
CO

Zip Code  
80237-1755

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2018

Transaction ID : SA11AI.11693

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hertz, Carol, , ,**

Mailing Address 17386 Dry Mill Road

City  
Leesburg

State  
VA

Zip Code  
20175-7021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2018

Transaction ID : SA11AI.12657

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hinton, Patrick, , ,**

Mailing Address 4 Country Club Drive

City  
Walpole

State  
MA

Zip Code  
02081-3414

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bay State Financial Services

Occupation (for Individual)  
Busin. & Person. Finance

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2018

Transaction ID : SA11AI.10441

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Howe, Robert, , ,**

Mailing Address 3228 Arbor Drive

City  
Pleasanton

State  
CA

Zip Code  
94566-6972

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2018

Transaction ID : SA11AI.11028

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Huke, Michael, , ,**

Mailing Address 13221 Foxden Drive

City  
Rockville

State  
MD

Zip Code  
20850-3407

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2018

**Transaction ID : SA11AI.10740**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hull, Wendell, , ,**

Mailing Address 9643 Otterbein Road

City  
Cincinnati

State  
OH

Zip Code  
45241-3377

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fidelity

Occupation (for Individual)  
Program Manager

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2018

**Transaction ID : SA11AI.10604**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Carolyn, , ,**

Mailing Address 6803 Crossmoor Lane

City  
Louisville

State  
KY

Zip Code  
40222-6535

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 19 / 2018

**Transaction ID : SA11AI.10439**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Craig, , ,**

Mailing Address 5497 Cannas Drive

City  
Cincinnati

State  
OH

Zip Code  
45238

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2018

**Transaction ID : SA11AI.11017**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Craig, , ,**

Mailing Address 5497 Cannas Drive

City  
Cincinnati

State  
OH

Zip Code  
45238

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2018

**Transaction ID : SA11AI.12485**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Junco, Susan, , ,**

Mailing Address 11627 Legend Manor Drive

City  
Houston

State  
TX

Zip Code  
77082

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2018

**Transaction ID : SA11AI.10767**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kitchin, Mark, , ,**

Mailing Address 4407 Hughes Lane

City  
Richmond

State  
IN

Zip Code  
47374-7829

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2018

Transaction ID : SA11AI.11241

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kitchin, Mark, , ,**

Mailing Address 4407 Hughes Lane

City  
Richmond

State  
IN

Zip Code  
47374-7829

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2018

Transaction ID : SA11AI.12626

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Klotz, Criston, , ,**

Mailing Address 10120 Clemente Circle

City  
Austin

State  
TX

Zip Code  
78737-1030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Hearing Officer

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2018

Transaction ID : SA11AI.12655

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lebec, Leah, K., ,**

Mailing Address 10 Lauder Lane

City

Greenwich

State

CT

Zip Code

06831-3707

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Writer

Receipt For: 2018

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2018

Transaction ID : SA11AI.12912

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Leblanc, Lydia, , ,**

Mailing Address P.O. Box 53645

City

Lafayette

State

LA

Zip Code

70505

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info RequestedOccupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2018

Transaction ID : SA11AI.13267

Amount of Each Receipt this Period

9.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Leblanc, Lydia, , ,**

Mailing Address P.O. Box 53645

City

Lafayette

State

LA

Zip Code

70505

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info RequestedOccupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2018

Transaction ID : SA11AI.13268

Amount of Each Receipt this Period

9.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

518.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Leszkowicz, Robert, , ,**

Mailing Address 3 Pontiac Drive

City  
Wayne

State  
NJ

Zip Code  
07470-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2018

**Transaction ID : SA11AI.12668**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Liotti, Dan, , ,**

Mailing Address 8827 Spinnaker Court

City  
Indianapolis

State  
IN

Zip Code  
46256-9523

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Midwest Mole

Occupation (for Individual)  
Contractor

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2018

**Transaction ID : SA11AI.10775**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Manor, Timothy, , ,**

Mailing Address 640 Dunblane Drive

City  
Winter Park

State  
FL

Zip Code  
32792-4621

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Homemaker

Occupation (for Individual)  
Homemaker

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2018

**Transaction ID : SA11AI.12814**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marsh, Gretchen, , ,**

Mailing Address 495 Genovese Ln

City  
Reno

State  
NV

Zip Code  
89511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2018

**Transaction ID : SA11AI.12674**

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McAlister, Donna, , ,**

Mailing Address PO Box 756

City  
Wayne

State  
IL

Zip Code  
60184-0756

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2018

**Transaction ID : SA11AI.11027**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mendes, Joseph, , ,**

Mailing Address 113 Gloster Road Northwest

City  
Lawrenceville

State  
GA

Zip Code  
30044-4470

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)  
Vicar

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2018

**Transaction ID : SA11AI.12999**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1650.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Meziere, Don, , ,**

Mailing Address 2530 Royal View Road

City  
Escondido

State  
CA

Zip Code  
92027-4756

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Meziere Enterprises

Occupation (for Individual)  
VP

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2018

**Transaction ID : SA11AI.11033**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Meziere, Don, , ,**

Mailing Address 2530 Royal View Road

City  
Escondido

State  
CA

Zip Code  
92027-4756

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Meziere Enterprises

Occupation (for Individual)  
VP

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2018

**Transaction ID : SA11AI.12818**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mills, William, P., ,**

Mailing Address 2250 Robley Drive

City  
Lafayette

State  
LA

Zip Code  
70503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Commercial Real Estate

Occupation (for Individual)  
Businessman

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2018

**Transaction ID : SA11AI.13001**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mulaney, Eileen, , ,**

Mailing Address 501 Jennmar Way

City  
Bethany Beach

State  
DE

Zip Code  
19930

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2018

Transaction ID : SA11AI.12666

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Obenchain, Tom, , ,**

Mailing Address 4667 Dartmoor Drive

City  
Wilmington

State  
DE

Zip Code  
19803-4807

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2018

Transaction ID : SA11AI.11356

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Obenchain, Tom, , ,**

Mailing Address 4667 Dartmoor Drive

City  
Wilmington

State  
DE

Zip Code  
19803-4807

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2018

Transaction ID : SA11AI.11413

Amount of Each Receipt this Period

35.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

335.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Obenchain, Tom, , ,**

Mailing Address 4667 Dartmoor Drive

City  
Wilmington

State  
DE

Zip Code  
19803-4807

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2018

Transaction ID : SA11AI.12476

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Obenchain, Tom, , ,**

Mailing Address 4667 Dartmoor Drive

City  
Wilmington

State  
DE

Zip Code  
19803-4807

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2018

Transaction ID : SA11AI.13186

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Panico, Richard, , ,**

Mailing Address 200 South Frontage Road Suite 220

City  
Burr Ridge

State  
IL

Zip Code  
60527-7282

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Info Requested

Occupation (for Individual)

Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2018

Transaction ID : SA11AI.11247

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Posatko, Thomas, , ,**

Mailing Address P.O. Box 1616

City  
Hockessin

State  
DE

Zip Code  
19707-5616

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2018

Transaction ID : SA11AI.10771

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pritz, Andy, , ,**

Mailing Address PO Box 451471

City  
Laredo

State  
TX

Zip Code  
78045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2018

Transaction ID : SA11AI.12659

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Qualy, John, , ,**

Mailing Address 13 Brentmoor Park

City  
Clayton

State  
MO

Zip Code  
63105-3067

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2018

Transaction ID : SA11AI.11596

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Qualy, John, , ,**

Mailing Address 13 Brentmoor Park

City  
Clayton

State  
MO

Zip Code  
63105-3067

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2018

**Transaction ID : SA11AI.13230**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Quesenberry, Mary, , ,**

Mailing Address 2720 Pole Line Road Apt #3

City  
Davis

State  
CA

Zip Code  
95618

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2018

**Transaction ID : SA11AI.10597**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rakunas, Lawrence, , ,**

Mailing Address 1150 Willowgate Lane

City  
Saint Charles

State  
IL

Zip Code  
60174-4143

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwest Airlines

Occupation (for Individual)  
Retired

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2018

**Transaction ID : SA11AI.11031**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rocci, Elizabeth, , ,**

Mailing Address 479 60th Place

City

Burr Ridge

State

IL

Zip Code

60527-5186

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Homemaker

Occupation (for Individual)

Homemaker

Receipt For: 2018

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2018

Transaction ID : SA11AI.11035

Amount of Each Receipt this Period

4000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rockers, Martin, M., ,**

Mailing Address P.O. Box 131

City

Greeley

State

KS

Zip Code

66033-0131

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For: 2018

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2018

Transaction ID : SA11AI.12812

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sandefer, Rosemary, , ,**

Mailing Address 1717 Pebble Beach Lane

City

Lady Lake

State

FL

Zip Code

32159-6215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Family Christian Stores

Occupation (for Individual)

Clerk

Receipt For: 2018

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2018

Transaction ID : SA11AI.12672

Amount of Each Receipt this Period

400.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Schulze, Dean, , ,**

Mailing Address 13556 West 68th Avenue

City  
Arvada

State  
CO

Zip Code  
80004-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Routersim LLC

Occupation (for Individual)  
Software Engineer

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2018

**Transaction ID : SA11AI.12651**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Schunke, Neil, , ,**

Mailing Address 1740 Zion Hill Road

City  
Marion

State  
NC

Zip Code  
28752-9675

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Meritor

Occupation (for Individual)  
Engineer

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2018

**Transaction ID : SA11AI.11023**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Schunke, Neil, , ,**

Mailing Address 1740 Zion Hill Road

City  
Marion

State  
NC

Zip Code  
28752-9675

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Meritor

Occupation (for Individual)  
Engineer

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2018

**Transaction ID : SA11AI.12474**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sisters, Marian, , ,**

Mailing Address 6765 North 112th Street

City  
Waverly

State  
NE

Zip Code  
68462-9762

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2018

**Transaction ID : SA11AI.10608**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Gregory, , ,**

Mailing Address 8457 Prospect Way

City  
Juneau

State  
AK

Zip Code  
99801-9261

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
U.S. Department of Homeland Security

Occupation (for Individual)  
US Inspector

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2018

**Transaction ID : SA11AI.10416**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Spieles, Deb, , ,**

Mailing Address 649 Parkside Drive

City  
Wauseon

State  
OH

Zip Code  
43567-9267

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2018

**Transaction ID : SA11AI.11701**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stanek, Richard & Jill, , ,**

Mailing Address 11664 Sundance Trail

City  
Mokena

State  
IL

Zip Code  
60448-2449

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Susan B. Anthony List

Occupation (for Individual)

National Campaign Chair

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2018

Transaction ID : SA11AI.11245

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Steen, Larry, , ,**

Mailing Address 13106a 49th Street Northwest

City  
Williston

State  
ND

Zip Code  
58801-9276

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2018

Transaction ID : SA11AI.11986

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stith, Richard, , ,**

Mailing Address 812 Brown Street

City  
Valparaiso

State  
IN

Zip Code  
46383-5855

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Valparaiso School of Law

Occupation (for Individual)

Professor

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2018

Transaction ID : SA11AI.11613

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Summers, Donald, , ,**

Mailing Address 801 Frontage Road Apt. 203

City  
Oxford

State  
MS

Zip Code  
38655-5124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UM

Occupation (for Individual)  
Prof.

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2018

**Transaction ID : SA11AI.10776**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Szerszen, Paul, , ,**

Mailing Address 12006 Creekbend Drive

City  
Reston

State  
VA

Zip Code  
20194-5615

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SAIC

Occupation (for Individual)  
Engineer

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2018

**Transaction ID : SA11AI.12663**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tackaberry, Eve, , ,**

Mailing Address 2535 Herrell Court

City  
Falls Church

State  
VA

Zip Code  
22043-3337

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2018

**Transaction ID : SA11AI.11025**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Taft, Dorothy, Douglas, ,**

Mailing Address 452 Argyle Drive

City  
Alexandria

State  
VA

Zip Code  
22305-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Commission on Security and Cooperation

Occupation (for Individual)  
Leg. Advisor

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2018

Transaction ID : SA11AI.10773

Amount of Each Receipt this Period

600.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tanksley, Francesca, , ,**

Mailing Address PO Box 886

City  
Stone Ridge

State  
NY

Zip Code  
12484-0886

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2018

Transaction ID : SA11AI.11703

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tanksley, Francesca, , ,**

Mailing Address PO Box 886

City  
Stone Ridge

State  
NY

Zip Code  
12484-0886

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2018

Transaction ID : SA11AI.12815

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Turrentine, Patricia, , ,**

Mailing Address 131 Oak Manor Drive

City  
Fairfax

State  
CA

Zip Code  
94930-1012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2018

Transaction ID : SA11AI.11447

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Van Thorre, James, L., ,**

Mailing Address 14595 W. Rockland Road Unit 328

City  
Libertyville

State  
IL

Zip Code  
60048-9514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Van Thorre & Associates

Occupation (for Individual)  
Accountant

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2018

Transaction ID : SA11AI.10443

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Van Thorre, James, L., ,**

Mailing Address 14595 W. Rockland Road Unit 328

City  
Libertyville

State  
IL

Zip Code  
60048-9514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Van Thorre & Associates

Occupation (for Individual)  
Accountant

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2018

Transaction ID : SA11AI.12675

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Watson, Julia, , ,**

Mailing Address 8415 East Pepper Tree Lane

City  
Scottsdale

State  
AZ

Zip Code  
85250-4914

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2018

**Transaction ID : SA11AI.10418**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Watson, Julia, , ,**

Mailing Address 8415 East Pepper Tree Lane

City  
Scottsdale

State  
AZ

Zip Code  
85250-4914

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2018

**Transaction ID : SA11AI.11235**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wechter, Daniel, , ,**

Mailing Address 3662 Hackett Road

City  
Saginaw

State  
MI

Zip Code  
48603-4904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Info Requested

Occupation (for Individual)

Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2018

**Transaction ID : SA11AI.10606**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

950.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wiens, Claudia, , ,**

Mailing Address 8565 136th Street North

City  
Hugo

State  
MN

Zip Code  
55038-9135

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2018

**Transaction ID : SA11AI.10704**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Winker, Marie, , ,**

Mailing Address 2406 Hayes Court

City

Burnsville

State  
MN

Zip Code  
55337-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2018

**Transaction ID : SA11AI.12944**

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1400.00

223923.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. All Seasons Strategies, LLC**

Mailing Address P.O. Box 3521

City  
SpokaneState  
WAZip Code  
99202Purpose of Disbursement  
Travel expenses-

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2018			

FEC Identification Number

**C****Transaction ID : SB21B.13284**

Amount of Each Disbursement this Period

13690.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Marketing & Publishing**Mailing Address 7380 Sprout Springs Rd  
Ste 210-248City  
Flowery BranchState  
GAZip Code  
30542Purpose of Disbursement  
Operating material

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2018			

FEC Identification Number

**C****Transaction ID : SB21B.13281**

Amount of Each Disbursement this Period

7775.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Anedote, Inc**

Mailing Address 1920 McKinney Ave, 7th Floor

City  
DallasState  
TXZip Code  
75201Purpose of Disbursement  
Credit card processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2018			

FEC Identification Number

**C****Transaction ID : SB21B.13337**

Amount of Each Disbursement this Period

11710.32

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

33176.11

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 947

City  
American ForkState  
UTZip Code  
84003-0947Purpose of Disbursement  
credit card processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		02		2018

FEC Identification Number

**C****Transaction ID : SB21B.10348**

Amount of Each Disbursement this Period

40.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Four Star Printing**

Mailing Address PO Box 567

City  
LovettsvilleState  
VAZip Code  
20180Purpose of Disbursement  
Fundraising expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		13		2018

FEC Identification Number

**C****Transaction ID : SB21B.13282**

Amount of Each Disbursement this Period

5174.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Gradient Media, Inc**

Mailing Address PO Box 660932

City  
BirminghamState  
ALZip Code  
35266Purpose of Disbursement  
Operating consulting fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		29		2018

FEC Identification Number

**C****Transaction ID : SB21B.13323**

Amount of Each Disbursement this Period

1550.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6764.76



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. i360**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	9			2	0	1	8		

Mailing Address P.O. Box 37046

City  
BaltimoreState  
MDZip Code  
21297-3046Purpose of Disbursement  
Operating expense

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                          ☐ Senate  
                          ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                  District:

FEC Identification Number

**C** **Transaction ID : SB21B.13305**

Amount of Each Disbursement this Period

 2682.92☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Intuit**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	5			2	0	1	8		

Mailing Address 2700 Coast Ave

City  
Mountain ViewState  
CAZip Code  
94043Purpose of Disbursement  
credit card processing fees

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                          ☐ Senate  
                          ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                  District:

FEC Identification Number

**C** **Transaction ID : SB21B.10346**

Amount of Each Disbursement this Period

 213.56☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Linemark**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	1	8		

Mailing Address 501 Prince Georges Blvd

City  
Upper MarlboroState  
MDZip Code  
20774Purpose of Disbursement  
Fundraising expense

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                          ☐ Senate  
                          ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                  District:

FEC Identification Number

**C** **Transaction ID : SB21B.13321**

Amount of Each Disbursement this Period

 11524.89☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ► 14421.37**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Longbons, Tessa, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2018			

Mailing Address 2800 Shirlington Rd  
St 1200City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Travel expenses

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.13287**

Amount of Each Disbursement this Period

609.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Media Bridge**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2018			

Mailing Address 11300 Astarita Ave

City  
PartlowState  
VAZip Code  
22534Purpose of Disbursement  
operating expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.13306**

Amount of Each Disbursement this Period

36217.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Smith, Jodi, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2018			

Mailing Address 2800 Shirlington Rd

City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Reimbursement for expenses

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.13331**

Amount of Each Disbursement this Period

3671.31

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

40497.64

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Valentine, Tommy, , ,**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		0	1		2	0	1	8		

Mailing Address 2800 Shirlington Rd  
Ste 1200City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Travel expenses

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.13285**

Amount of Each Disbursement this Period

2453.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2453.32

97313.20

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 44 OF 113

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9700

**WOMEN SPEAK OUT PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Susan B Anthony List, Inc.☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 1200 New Hampshire Ave NW  
Ste 750

City

Washington

State

DC

ZIP Code

20036

Original Amount of Loan

77452.55

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

77452.55

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 30 / 2017

Date Due

M M / D D / Y Y Y Y

11/30/2021

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

77452.55

**TOTALS** This Period (last page in this line only)..... ►

77452.55

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 45 OF 113

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Existing Loan owed to SBA

Mailing Address 1200 New Hampshire Ave NW  
Ste 750City  
WashingtonState  
DCZip Code  
20036

Outstanding Balance Beginning This Period

10500.00

Transaction ID : SD10.4157

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Loan for FEC Reporting Services

Mailing Address 1200 New Hampshire Ave NW  
Ste 750City  
WashingtonState  
DCZip Code  
20036

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.4110

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Mailings Expense

Mailing Address 1200 New Hampshire Ave NW  
Ste 750City  
WashingtonState  
DCZip Code  
20036

Outstanding Balance Beginning This Period

5204.43

Transaction ID : SD10.4318

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5204.43

1) **SUBTOTALS** This Period This Page (optional)..... ►

20704.43

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 46 OF 113

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Original transactions put on SBA CC

Mailing Address 1200 New Hampshire Ave NW  
Ste 750City  
WashingtonState  
DCZip Code  
20036

Outstanding Balance Beginning This Period

8610.00

Transaction ID : SD10.6625

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8610.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Expense put on SBA CC

Mailing Address 1200 New Hampshire Ave NW  
Ste 750City  
WashingtonState  
DCZip Code  
20036

Outstanding Balance Beginning This Period

4709.73

Transaction ID : SD10.6756

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4709.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

To post Thrifty Car Rental Expense put on  
SBA CardMailing Address 1200 New Hampshire Ave NW  
Ste 750City  
WashingtonState  
DCZip Code  
20036

Outstanding Balance Beginning This Period

1894.83

Transaction ID : SD10.9222

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1894.83

1) **SUBTOTALS** This Period This Page (optional)..... ►

15214.56

2) **TOTALS** This Period (last page this line number only)..... ►

35918.99

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

77452.55

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

113371.54

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 47 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
---	---

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Alaska Air</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>11 / 01 / 2018</div> </div>	
Mailing Address <b>Po Box 68900</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5623.67</div> <b>Transaction ID : SE.10213</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>11 / 01 / 2018</div> </div>	
City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98168</b>		
Purpose of Expenditure Flights for canvassers- this is actual, reported estimate on 11/1		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate: <b>MCSALLY, MARTHA, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AZ</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">260552.39</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Alaska Air</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>11 / 01 / 2018</div> </div>	
Mailing Address <b>Po Box 68900</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5623.67</div> <b>Transaction ID : SE.10215</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>11 / 01 / 2018</div> </div>	
City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98168</b>		
Purpose of Expenditure flights for canvassers- this is actual, reported estimate on 11/1		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate: <b>SINEMA, KYRSTEN, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AZ</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">266176.06</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	11247.34
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

MM / DD / YYYY

12 / 06 / 2018

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 48 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Avalon Transportation</b>			<input type="checkbox"/> Memo Item		
Mailing Address 4819 Eisenhower Ave			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018		
City Alexandria		State VA	Zip Code 22304		
Purpose of Expenditure Bus for canvassers- this is actual, reported estimate on 11/1			Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		
Name of Federal Candidate: MCSALLY, MARTHA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►		
Full Name of Payee <b>Avalon Transportation</b>			<input type="checkbox"/> Memo Item		
Mailing Address 4819 Eisenhower Ave			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018		
City Alexandria		State VA	Zip Code 22304		
Purpose of Expenditure Bus for canvassers- this is actual, reported estimate on 11/1			Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		
Name of Federal Candidate: SINEMA, KYRSTEN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">7517.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Buchanan, Emily, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <b>Basis DSP</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>		
Mailing Address 2450 N St NW 3rd Floor			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span>– 12714.78</span> </div>		
City Washington	State DC	Zip Code 20037	<b>Transaction ID : SE.13314</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>		
Purpose of Expenditure Reported estimate, over reported for this vendor		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: MCSALLY, MARTHA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ► _____		
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span>266464.22</span> </div>					
Full Name of Payee <b>Basis DSP</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>		
Mailing Address 2450 N St NW 3rd Floor			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span>– 12714.78</span> </div>		
City Washington	State DC	Zip Code 20037	<b>Transaction ID : SE.13315</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>		
Purpose of Expenditure Reported estimate, over reported for this vendor		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: HAWLEY, JOSHUA DAVID, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ► _____		
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span>182489.12</span> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span>– 25429.56</span> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span> </span> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <b>(c) TOTAL</b> Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span> </span> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Buchanan, Emily, , ,</u>			Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <span style="margin-left: 20px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Basis DSP</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-around;"> <span>11</span> <span>01</span> <span>2018</span> </div>	
Mailing Address <b>2450 N St NW 3rd Floor</b>			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 10px;">-</span> <span>12714.78</span> </div> <b>Transaction ID : SE.13316</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-around;"> <span>11</span> <span>01</span> <span>2018</span> </div>	
City Washington	State DC	Zip Code 20037		
Purpose of Expenditure Reported estimate, over reported for this vendor		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: ROSENDALE, MATT, , ,			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>MT</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;">111813.22</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Basis DSP</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-around;"> <span>11</span> <span>01</span> <span>2018</span> </div>	
Mailing Address <b>2450 N St NW 3rd Floor</b>			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 10px;">-</span> <span>12714.78</span> </div> <b>Transaction ID : SE.13317</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-around;"> <span>11</span> <span>01</span> <span>2018</span> </div>	
City Washington	State DC	Zip Code 20037		
Purpose of Expenditure Reported estimate, over reported for this vendor		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: CRAMER, KEVIN MR., , ,			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>ND</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;">36032.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	- 25429.56
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

12
06
2018

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Basis DSP</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018		
Mailing Address 2450 N St NW 3rd Floor			Amount <span style="border: 1px solid black; padding: 2px;">- 12714.78</span>		
City Washington	State DC	Zip Code 20037	Transaction ID : <b>SE.13318</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018		
Purpose of Expenditure Reported estimate, over reported for this vendor		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: BLACKBURN, MARSHA MRS., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>TN</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">131724.53</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Basis DSP</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018		
Mailing Address 2450 N St NW 3rd Floor			Amount <span style="border: 1px solid black; padding: 2px;">- 12714.78</span>		
City Washington	State DC	Zip Code 20037	Transaction ID : <b>SE.13319</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018		
Purpose of Expenditure Reported estimate, over reported for this vendor		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: VUKMIR, LEAH, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">50571.02</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">- 25429.56</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Buchanan, Emily, , ,</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign HQ</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 31 / 2018	
Mailing Address    109 West Front St				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6501.47</div>	
City Brooklyn		State IN		Zip Code 52211	
Purpose of Expenditure GOTV Phone calls- reported estimate, this is actual				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: MCSALLY, MARTHA, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">209108.07</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign HQ</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 31 / 2018	
Mailing Address    109 West Front St				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6501.47</div>	
City Brooklyn		State IN		Zip Code 52211	
Purpose of Expenditure GOTV Phone calls-reported estimate, this is actual				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: SINEMA, KYRSTEN, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">215609.54</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....  <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....  <b>(c) TOTAL</b> Independent Expenditures .....         </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">13002.94</div>  <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>  <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Buchanan, Emily, , ,</u> <span style="float: right;"><b>[Electronically Filed]</b></span>				Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 12 / 06 / 2018	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 53 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report ▶
New report
Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign HQ</b>			Date of Public Distribution/Dissemination <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">31</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2018</div> </div>		
Mailing Address <b>109 West Front St</b>					
City <b>Brooklyn</b>	State <b>IN</b>	Zip Code <b>52211</b>	Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="flex-grow: 1;"> </span> <span>14111.06</span> </div>		
Purpose of Expenditure GOTV Phone calls- reported estimate, this is actual			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : <b>SE.10229</b> Date of Disbursement or Obligation <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">31</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2018</div> </div>	
Name of Federal Candidate: <b>BRAUN, MIKE, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> State: <b>IN</b>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="flex-grow: 1;"> </span> <span>126456.02</span> </div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>					

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign HQ</b>			Date of Public Distribution/Dissemination <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">31</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2018</div> </div>		
Mailing Address <b>109 West Front St</b>					
City <b>Brooklyn</b>	State <b>IN</b>	Zip Code <b>52211</b>	Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="flex-grow: 1;"> </span> <span>14111.06</span> </div>		
Purpose of Expenditure GOTV Phone calls- reported estimate, this is actual			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : <b>SE.10232</b> Date of Disbursement or Obligation <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">31</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2018</div> </div>	
Name of Federal Candidate: <b>DONNELLY, JOSEPH S, , ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> State: <b>IN</b>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="flex-grow: 1;"> </span> <span>140567.08</span> </div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>					

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	28222.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

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2018

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 54 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>														
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign HQ</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 31 / 2018										
Mailing Address    109 West Front St				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3953.50</div>										
City Brooklyn		State IN		Zip Code 52211										
Purpose of Expenditure GOTV Phone calls- reported estimate, this is actual				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>										
Name of Federal Candidate: JAMES, JOHN, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: MI										
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">3953.50</div>										
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				2018										
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign HQ</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 31 / 2018										
Mailing Address    109 West Front St				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3953.50</div>										
City Brooklyn		State IN		Zip Code 52211										
Purpose of Expenditure GOTV Phone calls reported estimate, this is actual				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>										
Name of Federal Candidate: STABENOW, DEBBIE, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: MI										
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">7907.00</div>										
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				2018										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 5px; text-align: right;">7907.00</td> </tr> <tr> <td>(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 5px; text-align: right;"> </td> </tr> <tr> <td>(c) <b>TOTAL</b> Independent Expenditures .....</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 5px; text-align: right;"> </td> </tr> </table>						(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	▶	7907.00	(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶		(c) <b>TOTAL</b> Independent Expenditures .....	▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	▶	7907.00												
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶													
(c) <b>TOTAL</b> Independent Expenditures .....	▶													
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.														
Signature <u>Buchanan, Emily, , ,</u> <span style="float: right;"><b>[Electronically Filed]</b></span>				Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 12 / 06 / 2018										

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 55 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <input type="checkbox"/> Memo Item <b>Campaign HQ</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 31 / 2018	
Mailing Address 109 West Front St				Amount <span style="border: 1px solid black; padding: 2px;">9518.77</span>	
City Brooklyn		State IN	Zip Code 52211	Transaction ID : <b>SE.10242</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 31 / 2018	
Purpose of Expenditure GOTV Phone calls reported estimate, this is actual				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: HAWLEY, JOSHUA DAVID, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>MO</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">166647.59</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Campaign HQ</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 31 / 2018	
Mailing Address 109 West Front St				Amount <span style="border: 1px solid black; padding: 2px;">9518.77</span>	
City Brooklyn		State IN	Zip Code 52211	Transaction ID : <b>SE.10244</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 31 / 2018	
Purpose of Expenditure GOTV Phone calls reported estimate, this is actual				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: MCCASKILL, CLAIRE, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>MO</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">176166.36</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>				<span style="border: 1px solid black; padding: 2px;">19037.54</span>	
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>				<span style="border: 1px solid black; padding: 2px;"></span>	
<b>(c) TOTAL Independent Expenditures .....</b>				<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Buchanan, Emily, , ,</u>				Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018	

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 56 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Campaign HQ</b>			<input type="checkbox"/> Memo Item		
Mailing Address 109 West Front St			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 31 / 2018		
City Brooklyn		State IN	Zip Code 52211		
Purpose of Expenditure GOTV Phone calls		Category/Type 004		Amount 1926.36	
Name of Federal Candidate: ROSENDALE, MATT, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Campaign HQ</b>			<input type="checkbox"/> Memo Item		
Mailing Address 109 West Front St			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 31 / 2018		
City Brooklyn		State IN	Zip Code 52211		
Purpose of Expenditure GOTV Phone calls		Category/Type 004		Amount 1926.36	
Name of Federal Candidate: TESTER, JON, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶ 3852.72					
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶					
<b>(c) TOTAL</b> Independent Expenditures ..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Buchanan, Emily, , ,</u>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018		

[Electronically Filed]



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 57 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign HQ</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>109 West Front St</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1714.44</div>	
City <b>Brooklyn</b>	State <b>IN</b>	Zip Code <b>52211</b>	<b>Transaction ID : SE.10252</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>GOTV Phone calls</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>MORRISEY, PATRICK MR, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WV</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">23714.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign HQ</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>109 West Front St</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1714.44</div>	
City <b>Brooklyn</b>	State <b>IN</b>	Zip Code <b>52211</b>	<b>Transaction ID : SE.10254</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>GOTV Phone calls</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>MANCHIN III, JOE, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WV</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">25429.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	3428.88
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 58 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign HQ</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>11 / 01 / 2018</span> </div>	
Mailing Address <b>109 West Front St</b>			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 5px;">6501.47</span> </div>	
City <b>Brooklyn</b>	State <b>IN</b>	Zip Code <b>52211</b>		
Purpose of Expenditure <b>GOTV Phone calls- reported estimate, this is actual</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.10257</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>11 / 01 / 2018</span> </div>	
Name of Federal Candidate: <b>MCSALLY, MARTHA, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AZ</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 5px;">272677.53</span> </span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign HQ</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>11 / 01 / 2018</span> </div>	
Mailing Address <b>109 West Front St</b>			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 5px;">6501.47</span> </div>	
City <b>Brooklyn</b>	State <b>IN</b>	Zip Code <b>52211</b>		
Purpose of Expenditure <b>GOTV Phone calls- reported estimate, this is actual</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.10259</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>11 / 01 / 2018</span> </div>	
Name of Federal Candidate: <b>SINEMA, KYRSTEN, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AZ</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 5px;">279179.00</span> </span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	<span style="margin-right: 5px;">13002.94</span>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<span style="margin-right: 5px;"></span>
(c) TOTAL Independent Expenditures .....	▶	<span style="margin-right: 5px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

MM / DD / YYYY

12 / 06 / 2018

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 59 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign HQ</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>11 / 01 / 2018</span> </div>	
Mailing Address <b>109 West Front St</b>			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-left: 100px;">14111.06</span> </div>	
City <b>Brooklyn</b>	State <b>IN</b>	Zip Code <b>52211</b>		
Purpose of Expenditure <b>GOTV Phone calls- reported estimate, this is actual</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.10262</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>11 / 01 / 2018</span> </div>	
Name of Federal Candidate: <b>BRAUN, MIKE, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IN</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-left: 100px;">154678.14</span> </span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign HQ</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>11 / 01 / 2018</span> </div>	
Mailing Address <b>109 West Front St</b>			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-left: 100px;">14111.06</span> </div>	
City <b>Brooklyn</b>	State <b>IN</b>	Zip Code <b>52211</b>		
Purpose of Expenditure <b>GOTV Phone calls- reported estimate, this is actual</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.10264</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>11 / 01 / 2018</span> </div>	
Name of Federal Candidate: <b>DONNELLY, JOSEPH S, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IN</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-left: 100px;">168789.20</span> </span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	<span style="margin-left: 100px;">28222.12</span>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<span style="margin-left: 100px;"></span>
(c) TOTAL Independent Expenditures .....	▶	<span style="margin-left: 100px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

MM / DD / YYYY

12 / 06 / 2018

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 60 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign HQ</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>11 / 01 / 2018</span> </div>	
Mailing Address <b>109 West Front St</b>			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 5px;">3953.50</span> </div>	
City <b>Brooklyn</b>	State <b>IN</b>	Zip Code <b>52211</b>		
Purpose of Expenditure <b>GOTV Phone calls- reported estimate, this is actual</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.10267</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>11 / 01 / 2018</span> </div>	
Name of Federal Candidate: <b>JAMES, JOHN, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 5px;">11860.50</span> </span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign HQ</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>11 / 01 / 2018</span> </div>	
Mailing Address <b>109 West Front St</b>			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 5px;">3953.50</span> </div>	
City <b>Brooklyn</b>	State <b>IN</b>	Zip Code <b>52211</b>		
Purpose of Expenditure <b>GOTV Phone calls- reported estimate, this is actual</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.10269</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>11 / 01 / 2018</span> </div>	
Name of Federal Candidate: <b>STABENOW, DEBBIE, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 5px;">15814.00</span> </span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	7907.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

MM / DD / YYYY

12 / 06 / 2018

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 61 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Campaign HQ</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018		
Mailing Address 109 West Front St			Amount <span style="border: 1px solid black; padding: 2px;">9518.77</span>		
City Brooklyn		State IN	Zip Code 52211		Transaction ID : <b>SE.10272</b>
Purpose of Expenditure GOTV Phone calls reported estimate, this is actual			Category/Type 004		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018
Name of Federal Candidate: HAWLEY, JOSHUA DAVID, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►		
Full Name of Payee <b>Campaign HQ</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018		
Mailing Address 109 West Front St			Amount <span style="border: 1px solid black; padding: 2px;">9518.77</span>		
City Brooklyn		State IN	Zip Code 52211		Transaction ID : <b>SE.10274</b>
Purpose of Expenditure GOTV Phone calls reported estimate, this is actual			Category/Type 004		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018
Name of Federal Candidate: MCCASKILL, CLAIRE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">19037.54</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Buchanan, Emily, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 62 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
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 Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on  /  / 

Full Name of Payee <b>Campaign HQ</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>109 West Front St</b>			Amount <input type="text"/> 1493.80 <b>Transaction ID : SE.10277</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City <b>Brooklyn</b>	State <b>IN</b>	Zip Code <b>52211</b>	
Purpose of Expenditure GOTV Phone calls reported estimate, this is actual		Category/Type <input type="text"/> 004	
Name of Federal Candidate: <b>ROSENDALE, MATT, , ,</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <input type="text"/> State: <b>MT</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 123034.20			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ <input type="text"/>

Full Name of Payee <b>Campaign HQ</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>109 West Front St</b>			Amount <input type="text"/> 1493.80 <b>Transaction ID : SE.10280</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City <b>Brooklyn</b>	State <b>IN</b>	Zip Code <b>52211</b>	
Purpose of Expenditure GOTV Phone calls reported estimate, this is actual		Category/Type <input type="text"/> 004	
Name of Federal Candidate: <b>TESTER, JON, , ,</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <input type="text"/> State: <b>MT</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 124528.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ <input type="text"/>

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/> 2987.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

 /  / 

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 63 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Campaign HQ</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018		
Mailing Address 109 West Front St			Amount <span style="border: 1px solid black; padding: 2px;">1694.16</span>		
City Brooklyn		State IN	Zip Code 52211		Transaction ID : <b>SE.10283</b>
Purpose of Expenditure GOTV Phone calls			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018
Name of Federal Candidate: MORRISEY, PATRICK MR, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">27123.38</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee <b>Campaign HQ</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018		
Mailing Address 109 West Front St			Amount <span style="border: 1px solid black; padding: 2px;">1694.16</span>		
City Brooklyn		State IN	Zip Code 52211		Transaction ID : <b>SE.10285</b>
Purpose of Expenditure GOTV Phone calls			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018
Name of Federal Candidate: MANCHIN III, JOE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">28817.54</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">3388.32</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Buchanan, Emily, , ,</u> [Electronically Filed]			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 64 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <b>Campaign HQ</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>109 West Front St</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6501.47</div> <b>Transaction ID : SE.10288</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City <b>Brooklyn</b>	State <b>IN</b>	Zip Code <b>52211</b>		
Purpose of Expenditure <b>GOTV calls- reported estimate, this is actual</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: <b>MCSALLY, MARTHA, , ,</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: <b>AZ</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">272965.69</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Campaign HQ</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>109 West Front St</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6501.47</div> <b>Transaction ID : SE.10290</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City <b>Brooklyn</b>	State <b>IN</b>	Zip Code <b>52211</b>		
Purpose of Expenditure <b>Robocalls- reported estimate, this is actual</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: <b>SINEMA, KYRSTEN, , ,</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: <b>AZ</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">279467.16</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	13002.94
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M /

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Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 65 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Campaign HQ</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2018	
Mailing Address 109 West Front St			Amount <span style="border: 1px solid black; padding: 2px;">14111.06</span>	
City Brooklyn	State IN	Zip Code 52211	Transaction ID : <b>SE.10293</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2018	
Purpose of Expenditure GOTV Phone calls- reported estimate, this is actual		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: BRAUN, MIKE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IN</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">182900.26</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Campaign HQ</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2018	
Mailing Address 109 West Front St			Amount <span style="border: 1px solid black; padding: 2px;">14111.06</span>	
City Brooklyn	State IN	Zip Code 52211	Transaction ID : <b>SE.10295</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2018	
Purpose of Expenditure GOTV Phone calls-reported estimate, this is actual		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: DONNELLY, JOSEPH S, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IN</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">197011.32</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">28222.12</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Buchanan, Emily, , ,</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 66 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>	

  

Full Name of Payee <input type="checkbox"/> Memo Item <b>Campaign HQ</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            11 / 02 / 2018         </div>	
Mailing Address <b>109 West Front St</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           3953.50         </div>	
City <b>Brooklyn</b>	State <b>IN</b>	Zip Code <b>52211</b>	<b>Transaction ID : SE.10298</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            11 / 02 / 2018         </div>
Purpose of Expenditure <b>GOTV Phone calls- reported estimate, this is actual</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: <b>JAMES, JOHN, , ,</b>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: <b>MI</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">19767.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

  

Full Name of Payee <input type="checkbox"/> Memo Item <b>Campaign HQ</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            11 / 02 / 2018         </div>	
Mailing Address <b>109 West Front St</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           3953.50         </div>	
City <b>Brooklyn</b>	State <b>IN</b>	Zip Code <b>52211</b>	<b>Transaction ID : SE.10300</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            11 / 02 / 2018         </div>
Purpose of Expenditure <b>GOTV Phone calls</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: <b>STABENOW, DEBBIE, , ,</b>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: <b>MI</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">23721.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">7907.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
<b>(c) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Buchanan, Emily, , , [Electronically Filed]

Date 

M M / D D / Y Y Y Y Y Y  
 12 / 06 / 2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 67 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Campaign HQ</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2018		
Mailing Address 109 West Front St			Amount <span style="border: 1px solid black; padding: 2px;">9518.77</span>		
City Brooklyn		State IN	Zip Code 52211		Transaction ID : <b>SE.10303</b>
Purpose of Expenditure GOTV Phone calls- reported estimate, this is actual			Category/Type 004		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2018
Name of Federal Candidate: HAWLEY, JOSHUA DAVID, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <b>MO</b>
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">192007.89</span>		
Full Name of Payee <b>Campaign HQ</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2018		
Mailing Address 109 West Front St			Amount <span style="border: 1px solid black; padding: 2px;">9518.77</span>		
City Brooklyn		State IN	Zip Code 52211		Transaction ID : <b>SE.10305</b>
Purpose of Expenditure GOTV Phone calls- reported estimate, this is actual			Category/Type 004		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2018
Name of Federal Candidate: MCCASKILL, CLAIRE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <b>MO</b>
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">201526.66</span>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2018 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="display: flex; justify-content: space-between;"> <div> <p><b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....</p> <p><b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....</p> <p><b>(c) TOTAL</b> Independent Expenditures .....</p> </div> <div style="text-align: right;"> <span style="border: 1px solid black; padding: 2px;">19037.54</span>  <span style="border: 1px solid black; padding: 2px;"></span>  <span style="border: 1px solid black; padding: 2px;"></span> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Buchanan, Emily, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 68 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <input type="checkbox"/> Memo Item <b>Campaign HQ</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2018	
Mailing Address 109 West Front St			Amount <span style="border: 1px solid black; padding: 2px;">3500.00</span>	
City Brooklyn	State IN	Zip Code 52211	Transaction ID : <b>SE.10308</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2018	
Purpose of Expenditure GOTV Phone calls- reported estimate, this is actual			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: ROSENDALE, MATT, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>MT</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">115313.22</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Campaign HQ</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2018	
Mailing Address 109 West Front St			Amount <span style="border: 1px solid black; padding: 2px;">3500.00</span>	
City Brooklyn	State IN	Zip Code 52211	Transaction ID : <b>SE.10310</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2018	
Purpose of Expenditure GOTV Phone calls- reported estimate, this is actual			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: TESTER, JON, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>MT</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">118813.22</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">7000.00</span>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>	
<b>(c) TOTAL</b> Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Buchanan, Emily, , ,</u>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018	
[Electronically Filed]				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 69 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Campaign HQ</b>			<input type="checkbox"/> Memo Item		
Mailing Address 109 West Front St			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2018		
City Brooklyn	State IN	Zip Code 52211	Amount <span style="border: 1px solid black; padding: 2px;">5042.42</span>		
Purpose of Expenditure GOTV Phone calls- reported estimate, this is actual		Category/Type 004	Transaction ID : <b>SE.10313</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2018		
Name of Federal Candidate: MORRISEY, PATRICK MR, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <b>WV</b>		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">33859.96</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Campaign HQ</b>			<input type="checkbox"/> Memo Item		
Mailing Address 109 West Front St			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2018		
City Brooklyn	State IN	Zip Code 52211	Amount <span style="border: 1px solid black; padding: 2px;">5042.42</span>		
Purpose of Expenditure GOTV Phone calls- reported estimate, this is actual		Category/Type 004	Transaction ID : <b>SE.10315</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2018		
Name of Federal Candidate: MANCHIN III, JOE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <b>WV</b>		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">38902.38</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">10084.84</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Buchanan, Emily, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 70 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign HQ</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>109 West Front St</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div> <b>Transaction ID : SE.10318</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City <b>Brooklyn</b>	State <b>IN</b>	Zip Code <b>52211</b>		
Purpose of Expenditure <b>GOTV Phone calls</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: <b>FOXX, VIRGINIA ANN, , ,</b>			Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign HQ</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>109 West Front St</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div> <b>Transaction ID : SE.10321</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City <b>Brooklyn</b>	State <b>IN</b>	Zip Code <b>52211</b>		
Purpose of Expenditure <b>GOTV Phone calls</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: <b>ADAMS, DENISE DARCEL, , ,</b>			Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Buchanan, Emily, , ,*

[Electronically Filed]

Date

M M /

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Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 71 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <b>Campaign HQ</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>109 West Front St</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div> <b>Transaction ID : SE.10325</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City <b>Brooklyn</b>	State <b>IN</b>	Zip Code <b>52211</b>		
Purpose of Expenditure <b>GOTV Phone calls</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: <b>KING, STEVE MR., , ,</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <b>04</b> State: <b>IA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Campaign HQ</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>109 West Front St</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div> <b>Transaction ID : SE.10328</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City <b>Brooklyn</b>	State <b>IN</b>	Zip Code <b>52211</b>		
Purpose of Expenditure <b>GOTV Phone calls</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: <b>SCHOLTEN, JAMES D., , ,</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <b>04</b> State: <b>IA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

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Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 72 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign HQ</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 24 / 2018	
Mailing Address    109 West Front St				Amount <span style="border: 1px solid black; padding: 2px;">2500.00</span>	
City Brooklyn		State IN		Zip Code 52211	
Purpose of Expenditure GOTV Calls				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: HYDE-SMITH, CINDY, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: MS	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">12323.80</span>				Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign HQ</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 24 / 2018	
Mailing Address    109 West Front St				Amount <span style="border: 1px solid black; padding: 2px;">2500.00</span>	
City Brooklyn		State IN		Zip Code 52211	
Purpose of Expenditure GOTV Calls				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: ESPY, MICHAEL, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: MS	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2500.00</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <span style="border: 1px solid black; padding: 2px;">5000.00</span> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....         </div> <div style="width: 35%; text-align: right;"> <span style="border: 1px solid black; padding: 2px;"></span> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <b>(c) TOTAL</b> Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <span style="border: 1px solid black; padding: 2px;"></span> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Buchanan, Emily, , ,</u>				Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018	

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 73 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Comfort Suites Glendale</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>		
Mailing Address <b>9824 W Camelback Rd</b>					
City <b>Glendale</b>	State <b>AZ</b>	Zip Code <b>85305</b>	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>12487.66</span> </div>		
Purpose of Expenditure Hotel stay for canvassers- this is actual, reported estimate on 11/1			Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>	Transaction ID : <b>SE.10185</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>	
Name of Federal Candidate: <b>MCSALLY, MARTHA, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>228097.20</span> </div>		

Full Name of Payee <input type="checkbox"/> Memo Item <b>Comfort Suites Glendale</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>		
Mailing Address <b>9824 W Camelback Rd</b>					
City <b>Glendale</b>	State <b>AZ</b>	Zip Code <b>85305</b>	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>12487.66</span> </div>		
Purpose of Expenditure Hotel for canvassers- this is actual, reported estimate on 11/1			Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>	Transaction ID : <b>SE.10188</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>	
Name of Federal Candidate: <b>MCSALLY, MARTHA, , ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>240584.86</span> </div>		

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	24975.32
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

12

06

2018

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 74 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Drury Inn and Suites</b>			<input type="checkbox"/> Memo Item		
Mailing Address 555 Donelson Pike			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018		
City Nashville		State TN	Amount <span style="border: 1px solid black; padding: 2px;">11992.33</span>		
Purpose of Expenditure hotel for canvassers- this is actual, reported estimate on 11/1		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Transaction ID : <b>SE.10202</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018	
Name of Federal Candidate: BLACKBURN, MARSHA MRS., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>TN</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">116753.90</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Drury Inn and Suites</b>			<input type="checkbox"/> Memo Item		
Mailing Address 555 Donelson Pike			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018		
City Nashville		State TN	Amount <span style="border: 1px solid black; padding: 2px;">11992.33</span>		
Purpose of Expenditure hotel for canvassers- this is actual, reported estimate on 11/1		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Transaction ID : <b>SE.10205</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018	
Name of Federal Candidate: BREDESEN, PHILIP, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>TN</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">128746.23</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">23984.66</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Buchanan, Emily, , ,			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018		

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Enterprise Rent a Car</b>			<input type="checkbox"/> Memo Item		
Mailing Address 4742 W Glendale Ave			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018		
City Glendale	State AZ	Zip Code 85301	Amount <span style="border: 1px solid black; padding: 2px;">3413.23</span>		
Purpose of Expenditure Rental cars for canvassers- this is actual, reported estimate on 11/1		Category/Type 002	Transaction ID : SE.10190 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018		
Name of Federal Candidate: MCSALLY, MARTHA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►		
Full Name of Payee <b>Enterprise Rent a Car</b>			<input type="checkbox"/> Memo Item		
Mailing Address 4742 W Glendale Ave			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018		
City Glendale	State AZ	Zip Code 85301	Amount <span style="border: 1px solid black; padding: 2px;">3413.23</span>		
Purpose of Expenditure Rental car for canvassers- this is actual, reported estimate on 11/1		Category/Type 002	Transaction ID : SE.10193 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018		
Name of Federal Candidate: SINEMA, KYRSTEN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">6826.46</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Buchanan, Emily, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>											
Full Name of Payee <input type="checkbox"/> Memo Item <b>Enterprise Rent a Car</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018							
Mailing Address <b>843 State Street</b>				Amount <span style="border: 1px solid black; padding: 2px;">2286.00</span>							
City <b>Salt Lake City</b>		State <b>UT</b>		Zip Code <b>84111</b>							
Purpose of Expenditure rental cars for canvassers- this is actual, reported estimate on 11/1				Transaction ID : <b>SE.10207</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018							
Name of Federal Candidate: <b>BLACKBURN, MARSHA MRS., , ,</b>				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>TN</b>							
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">131032.23</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____							
Full Name of Payee <input type="checkbox"/> Memo Item <b>Enterprise Rent a Car</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018							
Mailing Address <b>843 State Street</b>				Amount <span style="border: 1px solid black; padding: 2px;">2286.00</span>							
City <b>Salt Lake City</b>		State <b>UT</b>		Zip Code <b>84111</b>							
Purpose of Expenditure rental cars for canvassers- this is actual, reported estimate on 11/1				Transaction ID : <b>SE.10211</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018							
Name of Federal Candidate: <b>BREDESEN, PHILIP, , ,</b>				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>TN</b>							
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">133318.23</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____							
<table style="width:100%;"> <tr> <td style="width:60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</td> <td style="width:40%; text-align: right;">▶ <span style="border: 1px solid black; padding: 2px;">4572.00</span></td> </tr> <tr> <td>(b) SUBTOTAL of Unitemized Independent Expenditures.....</td> <td style="text-align: right;">▶ <span style="border: 1px solid black; padding: 2px;"></span></td> </tr> <tr> <td>(c) TOTAL Independent Expenditures .....</td> <td style="text-align: right;">▶ <span style="border: 1px solid black; padding: 2px;"></span></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;">4572.00</span>	(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <span style="border: 1px solid black; padding: 2px;"></span>	(c) TOTAL Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;"></span>
(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;">4572.00</span>										
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <span style="border: 1px solid black; padding: 2px;"></span>										
(c) TOTAL Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;"></span>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>Buchanan, Emily, , ,</u>				Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018							

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Facebook, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>10 / 24 / 2018</div> </div>	
Mailing Address 1 Hacker Way			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3500.00</div>	
City Menlo Park	State CA	Zip Code 94025		
Purpose of Expenditure Digital ads- reported estimate, this is actual		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : <b>SE.10133</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>10 / 24 / 2018</div> </div>	
Name of Federal Candidate: SMITH, CHRISTOPHER H, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4093.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Facebook, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>10 / 24 / 2018</div> </div>	
Mailing Address 1 Hacker Way			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3500.00</div>	
City Menlo Park	State CA	Zip Code 94025		
Purpose of Expenditure Digital ads- reported estimate, this is actual		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : <b>SE.10135</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>10 / 24 / 2018</div> </div>	
Name of Federal Candidate: WELLE, JOSH, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">7593.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">7000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

MM / DD / YYYY

12 / 06 / 2018

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 78 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Facebook, Inc.</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>1 Hacker Way</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
City <b>Menlo Park</b>		State <b>CA</b>	Zip Code <b>94025</b>		
Purpose of Expenditure Digital ads- reported estimate, this is actual		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Amount <span style="border: 1px solid black; padding: 2px;">5350.59</span>	
Name of Federal Candidate: <b>ROTHFUS, KEITH MR., , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>17</b> State: <b>PA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5943.59</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Facebook, Inc.</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>1 Hacker Way</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
City <b>Menlo Park</b>		State <b>CA</b>	Zip Code <b>94025</b>		
Purpose of Expenditure Digital ads- reported estimate, this is actual		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Amount <span style="border: 1px solid black; padding: 2px;">5350.59</span>	
Name of Federal Candidate: <b>LAMB, CONOR, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>17</b> State: <b>PA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">11294.18</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">10701.18</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Buchanan, Emily, , ,</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>														
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Facebook, Inc.</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 30 / 2018										
Mailing Address    1 Hacker Way				Amount <span style="border: 1px solid black; padding: 2px;">3541.67</span>										
City Menlo Park		State CA		Zip Code 94025										
Purpose of Expenditure Digital ads				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>										
Name of Federal Candidate: MORRISEY, PATRICK MR, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: WV										
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3541.67</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____										
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Facebook, Inc.</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 30 / 2018										
Mailing Address    1 Hacker Way				Amount <span style="border: 1px solid black; padding: 2px;">3541.67</span>										
City Menlo Park		State CA		Zip Code 94025										
Purpose of Expenditure Digital ads				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>										
Name of Federal Candidate: MANCHIN III, JOE, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: WV										
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">7083.34</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 2px;">7083.34</td> </tr> <tr> <td>(b) SUBTOTAL of Unitemized Independent Expenditures.....</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> <tr> <td>(c) TOTAL Independent Expenditures .....</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	7083.34	(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶		(c) TOTAL Independent Expenditures .....	▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	7083.34												
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶													
(c) TOTAL Independent Expenditures .....	▶													
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.														
Signature <u>Buchanan, Emily, , ,</u> <span style="float: right;">[Electronically Filed]</span>				Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018										

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>Facebook, Inc.</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>1 Hacker Way</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> <b>11 / 19 / 2018</b>		
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>	Amount <span style="border: 1px solid black; padding: 2px;">4911.90</span>		
Purpose of Expenditure Digital ads- reported estimate, this is actual		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.10332</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> <b>11 / 19 / 2018</b>		
Name of Federal Candidate: <b>HYDE-SMITH, CINDY, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>MS</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">4911.90</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>Facebook, Inc.</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>1 Hacker Way</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> <b>11 / 19 / 2018</b>		
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>	Amount <span style="border: 1px solid black; padding: 2px;">4911.90</span>		
Purpose of Expenditure Digital ads- reported estimate, this is actual		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.10335</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> <b>11 / 19 / 2018</b>		
Name of Federal Candidate: <b>ESPY, MICHAEL, , ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>MS</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">9823.80</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">9823.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Buchanan, Emily, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> <b>12 / 06 / 2018</b>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>FP1 Strategies, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1826 Jefferson PL, NW			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 30 / 2018		
City Washington	State DC	Zip Code 20036	Amount <span style="border: 1px solid black; padding: 2px;">4000.00</span>		
Purpose of Expenditure Digital ads		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.10180</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 30 / 2018		
Name of Federal Candidate: MORRISEY, PATRICK MR, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►		
Full Name of Payee <b>FP1 Strategies, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1826 Jefferson PL, NW			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 30 / 2018		
City Washington	State DC	Zip Code 20036	Amount <span style="border: 1px solid black; padding: 2px;">4000.00</span>		
Purpose of Expenditure Digital ads		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.10182</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 30 / 2018		
Name of Federal Candidate: MANCHIN III, JOE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">8000.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Buchanan, Emily, , ,</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Hulu</b>			<input type="checkbox"/> Memo Item		
Mailing Address 12312 W. Olympic Blvd			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
City Los Angeles		State CA	Zip Code 90064		
Purpose of Expenditure Reported an estimate, but no longer using this vendor			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: MCSALLY, MARTHA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►		
<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;">136557.45</span>			<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;">- 5876.63</span>		
Full Name of Payee <b>Hulu</b>			<input type="checkbox"/> Memo Item		
Mailing Address 12312 W. Olympic Blvd			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
City Los Angeles		State CA	Zip Code 90064		
Purpose of Expenditure Reported an estimate, but no longer using this vendor			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: SINEMA, KYRSTEN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►		
<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;">130681.12</span>			<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;">- 5876.33</span>		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;">- 11752.96</span>					
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;"> </span>					
<b>(c) TOTAL Independent Expenditures .....</b> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;"> </span>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Buchanan, Emily, , ,</u>			Date <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Hulu</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018	
Mailing Address 12312 W. Olympic Blvd			Amount <span style="border: 1px solid black; padding: 2px;">- 3815.42</span>	
City Los Angeles	State CA	Zip Code 90064	<b>Transaction ID : SE.9949</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018	
Purpose of Expenditure Reported estimate, but we are no longer using this vendor		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: VUKMIR, LEAH, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">54501.22</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Hulu</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018	
Mailing Address 12312 W. Olympic Blvd			Amount <span style="border: 1px solid black; padding: 2px;">- 3815.42</span>	
City Los Angeles	State CA	Zip Code 90064	<b>Transaction ID : SE.9951</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018	
Purpose of Expenditure Reported estimate, but we are no longer using this vendor		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: BALDWIN, TAMMY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">50685.80</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">- 7630.84</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Buchanan, Emily, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Hulu</b>			<input type="checkbox"/> Memo Item		
Mailing Address 12312 W. Olympic Blvd			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
City Los Angeles		State CA	Zip Code 90064		
Purpose of Expenditure reported an estimate, not using this vendor anymore			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: HAWLEY, JOSHUA DAVID, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: MO		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">137247.13</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Hulu</b>			<input type="checkbox"/> Memo Item		
Mailing Address 12312 W. Olympic Blvd			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
City Los Angeles		State CA	Zip Code 90064		
Purpose of Expenditure reported estimate, not using this vendor anymore			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: MCCASKILL, CLAIRE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: MO		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">130668.82</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">- 13156.62</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Buchanan, Emily, , ,</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Hulu</b>			<input type="checkbox"/> Memo Item		
Mailing Address 12312 W. Olympic Blvd			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
City Los Angeles		State CA	Zip Code 90064		
Purpose of Expenditure reporetd estimate, not using this vendor anymore			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: ROSENDALE, MATT, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">67712.29</span>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: _____ State: MT		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Hulu</b>			<input type="checkbox"/> Memo Item		
Mailing Address 12312 W. Olympic Blvd			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
City Los Angeles		State CA	Zip Code 90064		
Purpose of Expenditure reported estimate, not using this vendor anymore			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: TESTER, JON, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">64160.00</span>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: _____ State: MT		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">- 7104.58</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Buchanan, Emily, , ,</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Hulu</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018	
Mailing Address 12312 W. Olympic Blvd			Amount <span style="border: 1px solid black; padding: 2px;">- 1973.50</span>	
City Los Angeles	State CA	Zip Code 90064	Transaction ID : <b>SE.9977</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018	
Purpose of Expenditure Reported estimate, no longer using this vendor		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: CRAMER, KEVIN MR., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">27844.40</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Hulu</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018	
Mailing Address 12312 W. Olympic Blvd			Amount <span style="border: 1px solid black; padding: 2px;">- 1973.50</span>	
City Los Angeles	State CA	Zip Code 90064	Transaction ID : <b>SE.9979</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018	
Purpose of Expenditure Reported estimate, no longer using this vendor		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: HEITKAMP, HEIDI, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">25870.90</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">- 3947.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Buchanan, Emily, , ,</i>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018	
[Electronically Filed]				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <span style="margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </span>				
Full Name of Payee <b>Hulu</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>12312 W. Olympic Blvd</b>			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
City <b>Los Angeles</b>	State <b>CA</b>	Zip Code <b>90064</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Reported estimate, no longer using this vendor			Transaction ID : <b>SE.9986</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>BLACKBURN, MARSHA MRS., , ,</b>			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: <b>BLACKBURN, MARSHA MRS., , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TN</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">99178.44</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Hulu</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>12312 W. Olympic Blvd</b>			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
City <b>Los Angeles</b>	State <b>CA</b>	Zip Code <b>90064</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Reported estimate, no longer using this vendor			Transaction ID : <b>SE.9988</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>BREDESEN, PHILIP, , ,</b>			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: <b>BREDESEN, PHILIP, , ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TN</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">92161.57</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
<b>(c) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Buchanan, Emily, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
[Electronically Filed]			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 88 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>LCX.com, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2173 Salk Avenue Suite 250			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
City Carlsbad		State CA	Zip Code 92008	Amount <span style="border: 1px solid black; padding: 2px;">13860.00</span>	
Purpose of Expenditure Digital ads		Category/Type 004	Transaction ID : <b>SE.9943</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
Name of Federal Candidate: MCSALLY, MARTHA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <b>AZ</b>	
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">144541.12</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>LCX.com, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2173 Salk Avenue Suite 250			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
City Carlsbad		State CA	Zip Code 92008	Amount <span style="border: 1px solid black; padding: 2px;">13860.00</span>	
Purpose of Expenditure Digital ads		Category/Type 004	Transaction ID : <b>SE.9946</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
Name of Federal Candidate: SINEMA, KYRSTEN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <b>AZ</b>	
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">158401.12</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">27720.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Buchanan, Emily, , ,</i>			[Electronically Filed]	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee LCX.com, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
Mailing Address 2173 Salk Avenue Suite 250			Amount <span style="border: 1px solid black; padding: 2px;">6300.00</span>		
City Carlsbad	State CA	Zip Code 92008	Transaction ID : <b>SE.9954</b>		
Purpose of Expenditure Digital ads		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
Name of Federal Candidate: VUKMIR, LEAH, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>WI</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">56985.80</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee LCX.com, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
Mailing Address 2173 Salk Avenue Suite 250			Amount <span style="border: 1px solid black; padding: 2px;">6300.00</span>		
City Carlsbad	State CA	Zip Code 92008	Transaction ID : <b>SE.9956</b>		
Purpose of Expenditure Digital ads		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
Name of Federal Candidate: BALDWIN, TAMMY, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>WI</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">63285.80</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">12600.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Buchanan, Emily, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>LCX.com, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2173 Salk Avenue Suite 250			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
City Carlsbad		State CA	Zip Code 92008		
Purpose of Expenditure Digital ads		Category/Type 004		Amount 13230.00	
Name of Federal Candidate: HAWLEY, JOSHUA DAVID, , ,				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: MO	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>LCX.com, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2173 Salk Avenue Suite 250			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
City Carlsbad		State CA	Zip Code 92008		
Purpose of Expenditure Digital ads		Category/Type 004		Amount 13230.00	
Name of Federal Candidate: MCCASKILL, CLAIRE, , ,				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: MO	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div> <p>(a) SUBTOTAL of Itemized Independent Expenditures .....</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures .....</p> </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> <p>26460.00</p> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Buchanan, Emily, , ,</u>				Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018	

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>LCX.com, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2173 Salk Avenue Suite 250			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
City Carlsbad		State CA	Zip Code 92008		
Purpose of Expenditure Digital ads		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		Amount <span style="border: 1px solid black; padding: 2px;">6930.00</span>	
Name of Federal Candidate: ROSENDALE, MATT, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">71090.00</span>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MT</u>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>LCX.com, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2173 Salk Avenue Suite 250			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
City Carlsbad		State CA	Zip Code 92008		
Purpose of Expenditure digital ads		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		Amount <span style="border: 1px solid black; padding: 2px;">6930.00</span>	
Name of Federal Candidate: TESTER, JON, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">78020.00</span>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MT</u>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">13860.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Buchanan, Emily, , , Signature			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018		

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 92 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>											
Full Name of Payee <input type="checkbox"/> Memo Item <b>LCX.com, LLC</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018							
Mailing Address 2173 Salk Avenue Suite 250				Amount <span style="border: 1px solid black; padding: 2px;">3780.00</span>							
City Carlsbad		State CA		Zip Code 92008							
Purpose of Expenditure Digital ads				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>							
Name of Federal Candidate: CRAMER, KEVIN MR., , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: ND							
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">29650.90</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____							
Full Name of Payee <input type="checkbox"/> Memo Item <b>LCX.com, LLC</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018							
Mailing Address 2173 Salk Avenue Suite 250				Amount <span style="border: 1px solid black; padding: 2px;">19096.50</span>							
City Carlsbad		State CA		Zip Code 92008							
Purpose of Expenditure digital ads- reported estimate, this is actual				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>							
Name of Federal Candidate: HEITKAMP, HEIDI, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: ND							
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">48747.40</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</td> <td style="width: 40%; text-align: right;">▶ <span style="border: 1px solid black; padding: 2px;">22876.50</span></td> </tr> <tr> <td>(b) SUBTOTAL of Unitemized Independent Expenditures.....</td> <td style="text-align: right;">▶ <span style="border: 1px solid black; padding: 2px;"> </span></td> </tr> <tr> <td>(c) TOTAL Independent Expenditures .....</td> <td style="text-align: right;">▶ <span style="border: 1px solid black; padding: 2px;"> </span></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;">22876.50</span>	(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <span style="border: 1px solid black; padding: 2px;"> </span>	(c) TOTAL Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;"> </span>
(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;">22876.50</span>										
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <span style="border: 1px solid black; padding: 2px;"> </span>										
(c) TOTAL Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;"> </span>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>Buchanan, Emily, , ,</u>				Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018							

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 93 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>LCX.com, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2173 Salk Avenue Suite 250			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
City Carlsbad		State CA	Zip Code 92008		
Purpose of Expenditure Digital ads		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		Amount <span style="border: 1px solid black; padding: 2px;">12600.00</span>	
Name of Federal Candidate: BLACKBURN, MARSHA MRS., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">104761.57</span>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>TN</u>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>LCX.com, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2173 Salk Avenue Suite 250			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
City Carlsbad		State CA	Zip Code 92008		
Purpose of Expenditure Digital ads		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		Amount <span style="border: 1px solid black; padding: 2px;">12600.00</span>	
Name of Federal Candidate: BREDESEN, PHILIP, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">104761.57</span>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>TN</u>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....</p> <p><b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....</p> <p><b>(c) TOTAL</b> Independent Expenditures .....</p> </div> <div style="width: 35%; text-align: right;"> <p><span style="border: 1px solid black; padding: 2px;">25200.00</span></p> <p><span style="border: 1px solid black; padding: 2px;"></span></p> <p><span style="border: 1px solid black; padding: 2px;"></span></p> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Buchanan, Emily, , ,</u>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>LCX.com, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2173 Salk Avenue Suite 250			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
City Carlsbad		State CA	Zip Code 92008		
Purpose of Expenditure Digital ads		Category/Type 004		Amount 2203.50	
Name of Federal Candidate: SMITH, CHRISTOPHER H, ,				Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>LCX.com, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2173 Salk Avenue Suite 250			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
City Carlsbad		State CA	Zip Code 92008		
Purpose of Expenditure Digital ads		Category/Type 004		Amount 2203.50	
Name of Federal Candidate: WELLE, JOSH, ,				Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> <p>(a) SUBTOTAL of Itemized Independent Expenditures .....</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures .....</p> </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> <p style="text-align: right;">4407.00</p> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Buchanan, Emily, , ,</u>				Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018	

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 95 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>LCX.com, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2173 Salk Avenue Suite 250			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
City Carlsbad		State CA	Zip Code 92008		
Purpose of Expenditure Digital ads- reported estimate, this is actual			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: ROTHFUS, KEITH MR., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">11294.18</span>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate			District: 17 State: PA		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>LCX.com, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2173 Salk Avenue Suite 250			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2018		
City Carlsbad		State CA	Zip Code 92008		
Purpose of Expenditure Digital ads- reported estimate, this is actual			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: LAMB, CONOR, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">11294.18</span>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate			District: 17 State: PA		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2018 <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures .....</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures .....</p> </div> <div style="width: 35%; text-align: right;"> <span style="border: 1px solid black; padding: 2px;">0.00</span> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Buchanan, Emily, , ,</u>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 96 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee LCX.com, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 30 / 2018		
Mailing Address 2173 Salk Avenue Suite 250			Amount <span style="border: 1px solid black; padding: 2px;">3000.00</span>		
City Carlsbad	State CA	Zip Code 92008	Transaction ID : SE.10172		
Purpose of Expenditure Digital ads		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 30 / 2018		
Name of Federal Candidate: MORRISEY, PATRICK MR, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: WV		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">10083.34</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee LCX.com, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 30 / 2018		
Mailing Address 2173 Salk Avenue Suite 250			Amount <span style="border: 1px solid black; padding: 2px;">3000.00</span>		
City Carlsbad	State CA	Zip Code 92008	Transaction ID : SE.10174		
Purpose of Expenditure Digital ads		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 30 / 2018		
Name of Federal Candidate: MANCHIN III, JOE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: WV		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">13083.34</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">6000.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Buchanan, Emily, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 97 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee LCX.com, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2173 Salk Avenue Suite 250			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018		
City Carlsbad	State CA	Zip Code 92008	Amount <span style="border: 1px solid black; padding: 2px;">21300.00</span>		
Purpose of Expenditure Digital ads		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : SE.13308 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 06 / 2018		
Name of Federal Candidate: MCSALLY, MARTHA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">300767.16</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►		
Full Name of Payee LCX.com, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2173 Salk Avenue Suite 250			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 06 / 2018		
City Carlsbad	State CA	Zip Code 92008	Amount <span style="border: 1px solid black; padding: 2px;">21300.00</span>		
Purpose of Expenditure Digital ads		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : SE.13309 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 06 / 2018		
Name of Federal Candidate: HAWLEY, JOSHUA DAVID, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">222826.66</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">42600.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Buchanan, Emily, , , Signature			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>							
Full Name of Payee <b>LCX.com, LLC</b>			<input type="checkbox"/> Memo Item								
Mailing Address 2173 Salk Avenue Suite 250			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 06 / 2018								
City Carlsbad		State CA		Zip Code 92008							
Purpose of Expenditure Digital ads			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>								
Amount 21300.00			Transaction ID : SE.13310								
Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 06 / 2018			Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 06 / 2018								
Name of Federal Candidate: ROSENDALE, MATT, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate				District: _____ State: MT							
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">140113.22</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____							
Full Name of Payee <b>LCX.com, LLC</b>			<input type="checkbox"/> Memo Item								
Mailing Address 2173 Salk Avenue Suite 250			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 06 / 2018								
City Carlsbad		State CA		Zip Code 92008							
Purpose of Expenditure Digital ads- reported estimate, this is actual			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>								
Amount 19096.50			Transaction ID : SE.13311								
Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 06 / 2018			Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 06 / 2018								
Name of Federal Candidate: CRAMER, KEVIN MR., , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate				District: _____ State: ND							
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">19096.50</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) ▶ _____							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</td> <td style="width: 40%; text-align: right;"><span style="border: 1px solid black; padding: 2px;">40396.50</span></td> </tr> <tr> <td>(b) SUBTOTAL of Unitemized Independent Expenditures.....</td> <td style="text-align: right;"><span style="border: 1px solid black; padding: 2px;"> </span></td> </tr> <tr> <td>(c) TOTAL Independent Expenditures .....</td> <td style="text-align: right;"><span style="border: 1px solid black; padding: 2px;"> </span></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;">40396.50</span>	(b) SUBTOTAL of Unitemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span>	(c) TOTAL Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(a) SUBTOTAL of Itemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;">40396.50</span>										
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span>										
(c) TOTAL Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>Buchanan, Emily, , ,</u>				Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018							
[Electronically Filed]											

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee LCX.com, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2173 Salk Avenue Suite 250			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 06 / 2018		
City Carlsbad		State CA	Zip Code 92008	Amount <span style="border: 1px solid black; padding: 2px;">21300.00</span>	
Purpose of Expenditure Digital ads			Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : SE.13312 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 06 / 2018	
Name of Federal Candidate: BLACKBURN, MARSHA MRS., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>  TN  </u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">153024.53</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee LCX.com, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2173 Salk Avenue Suite 250			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 06 / 2018		
City Carlsbad		State CA	Zip Code 92008	Amount <span style="border: 1px solid black; padding: 2px;">3780.00</span>	
Purpose of Expenditure Digital ads			Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : SE.13313 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 06 / 2018	
Name of Federal Candidate: VUKMIR, LEAH, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>  WI  </u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">54351.02</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">25080.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Buchanan, Emily, , , Signature			[Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Media Bridge</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y  10 / 24 / 2018 </div>	
Mailing Address 11300 Astarita Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 296.50 </div> <b>Transaction ID : SE.10127</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y  10 / 24 / 2018 </div>	
City Partlow	State VA	Zip Code 22534		
Purpose of Expenditure Digital ads		Category/Type <span style="border: 1px solid black; padding: 0 5px;">004</span>		
Name of Federal Candidate: SMITH, CHRISTOPHER H, , ,			Office Sought: <input checked="" type="checkbox"/> House    District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: NJ	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">296.50</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Media Bridge</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y  10 / 24 / 2018 </div>	
Mailing Address 11300 Astarita Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 296.50 </div> <b>Transaction ID : SE.10130</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y  10 / 24 / 2018 </div>	
City Partlow	State VA	Zip Code 22534		
Purpose of Expenditure Digital ads		Category/Type <span style="border: 1px solid black; padding: 0 5px;">004</span>		
Name of Federal Candidate: WELLE, JOSH, , ,			Office Sought: <input checked="" type="checkbox"/> House    District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: NJ	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">593.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	593.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2018

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>	
Full Name of Payee <b>Media Bridge</b>			<input type="checkbox"/> Memo Item		
Mailing Address 11300 Astarita Ave			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 10 / 24 / 2018		
City Partlow	State VA	Zip Code 22534	Amount <input type="text" value="Amount"/> 296.50		
Purpose of Expenditure Digital ads		Category/ Type <input type="text" value="004"/>	Transaction ID : <b>SE.10142</b> Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 10 / 24 / 2018		
Name of Federal Candidate: ROTHFUS, KEITH MR., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 17 State: PA		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="Amount"/> 296.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Media Bridge</b>			<input type="checkbox"/> Memo Item		
Mailing Address 11300 Astarita Ave			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 10 / 24 / 2018		
City Partlow	State VA	Zip Code 22534	Amount <input type="text" value="Amount"/> 296.50		
Purpose of Expenditure Digital ads		Category/ Type <input type="text" value="004"/>	Transaction ID : <b>SE.10145</b> Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 10 / 24 / 2018		
Name of Federal Candidate: LAMB, CONOR, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 17 State: PA		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="Amount"/> 593.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<input type="text" value="Amount"/> 593.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text" value="Amount"/>		
(c) TOTAL Independent Expenditures .....			<input type="text" value="Amount"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Buchanan, Emily, , ,		[Electronically Filed]		Date <input type="text" value="MM/DD/YYYY"/> 12 / 06 / 2018	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Media Bridge</b>			<input type="checkbox"/> Memo Item		
Mailing Address 11300 Astarita Ave			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 30 / 2018		
City Partlow	State VA	Zip Code 22534	Amount <span style="border: 1px solid black; padding: 2px;">458.50</span>		
Purpose of Expenditure Digital ads		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.10176</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 30 / 2018		
Name of Federal Candidate: MORRISEY, PATRICK MR, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: WV		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">13541.84</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Media Bridge</b>			<input type="checkbox"/> Memo Item		
Mailing Address 11300 Astarita Ave			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 30 / 2018		
City Partlow	State VA	Zip Code 22534	Amount <span style="border: 1px solid black; padding: 2px;">458.50</span>		
Purpose of Expenditure Digital Ads		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.10178</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 30 / 2018		
Name of Federal Candidate: MANCHIN III, JOE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: WV		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">14000.34</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">917.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Buchanan, Emily, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Southwest Airlines</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2702 Love Field Dr			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018		
City Dallas		State TX	Zip Code 75235		
Purpose of Expenditure flights for canvassers- this is actual, reported estimate on 11/1			Amount 5560.54		
Category/Type 002			Transaction ID : SE.10217 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018		
Name of Federal Candidate: BLACKBURN, MARSHA MRS., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: TN		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Southwest Airlines</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2702 Love Field Dr			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018		
City Dallas		State TX	Zip Code 75235		
Purpose of Expenditure flights for canvassers- this is actual, reported estimate on 11/1			Amount 5560.54		
Category/Type 002			Transaction ID : SE.10220 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2018		
Name of Federal Candidate: BREDESEN, PHILIP, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: TN		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			11121.08		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures .....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Buchanan, Emily, , ,			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>The Lukens Company</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 22 / 2018		
Mailing Address 2800 Shirlington Rd			Amount <span style="border: 1px solid black; padding: 2px;">81505.82</span>		
City Arlington	State VA	Zip Code 22206	Transaction ID : <b>SE.9926</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 22 / 2018		
Purpose of Expenditure Mailer		Category/ Type <span style="border: 1px solid black; padding: 2px;">003</span>			
Name of Federal Candidate: MCCASKILL, CLAIRE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <b>MO</b> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">143825.44</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>The Lukens Company</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 22 / 2018		
Mailing Address 2800 Shirlington Rd			Amount <span style="border: 1px solid black; padding: 2px;">49241.52</span>		
City Arlington	State VA	Zip Code 22206	Transaction ID : <b>SE.9929</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 22 / 2018		
Purpose of Expenditure Mailer		Category/ Type <span style="border: 1px solid black; padding: 2px;">003</span>			
Name of Federal Candidate: SINEMA, KYRSTEN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <b>AZ</b> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">142434.08</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">130747.34</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Buchanan, Emily, , ,</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">112344.96</div>	
City Arlington	State VA	Zip Code 22206	<b>Transaction ID : SE.9932</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">003</div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: DONNELLY, JOSEPH S, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IN</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">112344.96</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">17535.50</div>	
City Arlington	State VA	Zip Code 22206	<b>Transaction ID : SE.9936</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">003</div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TESTER, JON, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MT</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">71264.58</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	129880.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 106 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>	
Full Name of Payee <b>The Lukens Company</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 10 / 29 / 2018		
City Arlington		State VA	Amount <input type="text" value="Amount"/> 19833.84		
Purpose of Expenditure Voter Mail		Category/Type <input type="text" value="004"/>	Transaction ID : <b>SE.10160</b> Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 10 / 29 / 2018		
Name of Federal Candidate: TESTER, JON, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: <b>MT</b>		
Calendar Year-To-Date Per Election for Office Sought			<input type="text" value="Amount"/> 97853.84 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>The Lukens Company</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 10 / 30 / 2018		
City Arlington		State VA	Amount <input type="text" value="Amount"/> 19833.84		
Purpose of Expenditure Voter Mail		Category/Type <input type="text" value="004"/>	Transaction ID : <b>SE.10158</b> Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 10 / 30 / 2018		
Name of Federal Candidate: TESTER, JON, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: <b>MT</b>		
Calendar Year-To-Date Per Election for Office Sought			<input type="text" value="Amount"/> 117687.68 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<input type="text" value="Amount"/> 39667.68		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text" value="Amount"/>		
(c) TOTAL Independent Expenditures .....			<input type="text" value="Amount"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Buchanan, Emily, , ,</i>		[Electronically Filed]		Date <input type="text" value="MM/DD/YYYY"/> 12 / 06 / 2018	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 107 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>The Lukens Company</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 30 / 2018	
Mailing Address 2800 Shirlington Rd		Amount <span style="border: 1px solid black; padding: 2px;">44205.48</span>	
City Arlington	State VA	Zip Code 22206	Transaction ID : <b>SE.10163</b>
Purpose of Expenditure Voter Mail		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 30 / 2018
Name of Federal Candidate: SINEMA, KYRSTEN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <b>AZ</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">202606.60</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>YouTube</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 07 / 2018	
Mailing Address 901 Cherry Ave		Amount <span style="border: 1px solid black; padding: 2px;">- 5037.11</span>	
City San Bruno	State CA	Zip Code 94066	Transaction ID : <b>SE.13290</b>
Purpose of Expenditure Reported an estimate, but did not use this vendor		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 07 / 2018
Name of Federal Candidate: MCSALLY, MARTHA, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <b>AZ</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">295730.05</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<span style="border: 1px solid black; padding: 2px;">39168.37</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....		<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Buchanan, Emily, , ,</i>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2018	
[Electronically Filed]			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 108 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <span style="margin-left: 20px;">MM / DD / YYYY</span>					
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>YouTube</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>11 / 07 / 2018</div> </div>	
Mailing Address <b>901 Cherry Ave</b>				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           - 5037.11         </div>	
City <b>San Bruno</b>		State <b>CA</b>		Zip Code <b>94066</b>	
Purpose of Expenditure Reported an estimate, but did not use this vendor				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: <b>SINEMA, KYRSTEN, , ,</b>				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AZ</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">290692.94</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>YouTube</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>11 / 01 / 2018</div> </div>	
Mailing Address <b>901 Cherry Ave</b>				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           - 5638.55         </div>	
City <b>San Bruno</b>		State <b>CA</b>		Zip Code <b>94066</b>	
Purpose of Expenditure Reported estimate, did not use this vendor				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: <b>HAWLEY, JOSHUA DAVID, , ,</b>				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MO</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">217188.11</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....         </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           - 10675.66         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             -           </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><b>(c) TOTAL</b> Independent Expenditures .....</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             -           </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Buchanan, Emily, , ,</u>				Date <span style="margin-left: 20px;">MM / DD / YYYY</span> <div style="display: flex; justify-content: space-between;"> <div>12 / 06 / 2018</div> </div>	

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>YouTube</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>901 Cherry Ave</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>11 / 07 / 2018</b>		
City <b>San Bruno</b>	State <b>CA</b>	Zip Code <b>94066</b>	Amount <span style="border: 1px solid black; padding: 2px;">- 5638.55</span>		
Purpose of Expenditure Reported estimate, did not use this vendor		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.13293</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>11 / 07 / 2018</b>		
Name of Federal Candidate: <b>MCCASKILL, CLAIRE, , ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: <b>MO</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">211549.56</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>YouTube</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>901 Cherry Ave</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>11 / 01 / 2018</b>		
City <b>San Bruno</b>	State <b>CA</b>	Zip Code <b>94066</b>	Amount <span style="border: 1px solid black; padding: 2px;">- 3044.82</span>		
Purpose of Expenditure Reported estimate, did not use this vendor		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.13294</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>11 / 07 / 2018</b>		
Name of Federal Candidate: <b>ROSENDALE, MATT, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: <b>MT</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">137068.40</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">- 8683.37</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Buchanan, Emily, , ,</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>12 / 06 / 2018</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>YouTube</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>901 Cherry Ave</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>11 / 01 / 2018</b>		
City <b>San Bruno</b>	State <b>CA</b>	Zip Code <b>94066</b>	Amount <span style="border: 1px solid black; padding: 2px;">- 3044.82</span>		
Purpose of Expenditure Reported estimate, did not use this vendor		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.13296</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>11 / 07 / 2018</b>		
Name of Federal Candidate: <b>TESTER, JON, , ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MT</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">134023.58</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>YouTube</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>901 Cherry Ave</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>11 / 07 / 2018</b>		
City <b>San Bruno</b>	State <b>CA</b>	Zip Code <b>94066</b>	Amount <span style="border: 1px solid black; padding: 2px;">- 1691.57</span>		
Purpose of Expenditure Reported estimate, did not use this vendor		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.13298</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>11 / 07 / 2018</b>		
Name of Federal Candidate: <b>CRAMER, KEVIN MR., , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>ND</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">34341.05</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">- 4736.39</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Buchanan, Emily, , ,</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>12 / 06 / 2018</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 111 OF 113  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <b>YouTube</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>901 Cherry Ave</b>		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span></span> <span>- 1691.57</span> </div>	
City <b>San Bruno</b>	State <b>CA</b>	Zip Code <b>94066</b>	<b>Transaction ID : SE.13299</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Purpose of Expenditure Reported estimate, did not use this vendor		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: <b>HEITKAMP, HEIDI, , ,</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>ND</b>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span></span> <span>32649.48</span> </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>YouTube</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>901 Cherry Ave</b>		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span></span> <span>- 6014.43</span> </div>	
City <b>San Bruno</b>	State <b>CA</b>	Zip Code <b>94066</b>	<b>Transaction ID : SE.13300</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Purpose of Expenditure Reported estimate, did not use this vendor		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: <b>BLACKBURN, MARSHA MRS., , ,</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>TN</b>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span></span> <span>147010.10</span> </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span></span> <span>- 7706.00</span> </div>	
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span></span> <span></span> </div>	
<b>(c) TOTAL Independent Expenditures .....</b>		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span></span> <span></span> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Buchanan, Emily, , ,</i>		Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]		12 / 06 / 2018	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <b>YouTube</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Mailing Address    901 Cherry Ave			Amount		<div style="border: 1px solid black; padding: 2px; text-align: right;">- 6014.46</div>
City San Bruno	State CA	Zip Code 94066	<b>Transaction ID : SE.13301</b> Date of Disbursement or Obligation		
Purpose of Expenditure Reported estimate, did not use this vendor			Category/Type    004		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Name of Federal Candidate: <b>BREDESEN, PHILIP, , ,</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>TN</b>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">140995.64</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>YouTube</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Mailing Address    901 Cherry Ave			Amount		<div style="border: 1px solid black; padding: 2px; text-align: right;">- 3270.36</div>
City San Bruno	State CA	Zip Code 94066	<b>Transaction ID : SE.13303</b> Date of Disbursement or Obligation		
Purpose of Expenditure Reported estimate, did not use this vendor			Category/Type    004		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Name of Federal Candidate: <b>VUKMIR, LEAH, , ,</b>			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>WI</b>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">51080.66</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>					<div style="border: 1px solid black; padding: 2px; text-align: right;">- 9284.82</div>
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>					<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL Independent Expenditures .....</b>					<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Buchanan, Emily, , ,</i>			Date    12 / 06 / 2018		[Electronically Filed]



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>	
Full Name of Payee <b>YouTube</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>901 Cherry Ave</b>			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 11 / 07 / 2018		
City <b>San Bruno</b>		State <b>CA</b>	Zip Code <b>94066</b>		Amount <input type="text" value="Amount"/> - 3270.36
Purpose of Expenditure Reported estimate, did not use this vendor			Category/Type <input type="text" value="004"/>		Transaction ID : <b>SE.13304</b> Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 11 / 07 / 2018
Name of Federal Candidate: <b>BALDWIN, TAMMY, , ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: <b>WI</b>	
Calendar Year-To-Date Per Election for Office Sought			<input type="text" value="Amount"/> 47810.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Full Name of Payee			<input type="checkbox"/> Memo Item		
Mailing Address			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/>		
City		State	Zip Code		Amount <input type="text" value="Amount"/>
Purpose of Expenditure			Category/Type <input type="text" value=""/>		Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/>
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____	
Calendar Year-To-Date Per Election for Office Sought			<input type="text" value="Amount"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶ <input type="text" value="Amount"/> - 3270.36 <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶ <input type="text" value="Amount"/> <b>(c) TOTAL</b> Independent Expenditures ..... ▶ <input type="text" value="Amount"/> 793599.57					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Buchanan, Emily, , ,</u> [Electronically Filed]			Date <input type="text" value="MM/DD/YYYY"/> 12 / 06 / 2018		